REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann SECRETARY OF STATE

The Original Control of the Control	JAN 3 U 2017
Name of Candidate Jo Hn L, Moore Commission	
Address P.O. Box 20 Brandon, Ms 39043 Ran KIN	Secretary of State
Telephone <u>lo 01-946-5833</u> Fax	
Office Sought Representative District 60 Email Address Rep Jothnik	<u>Joore & Gmail</u> ecc
	Mandatory ing judicial candidates on the 2016 General Election ballot.
Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to obligation	to terminate reporting s
(1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such of submit a report indicating "0" (zero) for total amount of reported contributions and expenditures	ase, the candidate shall during the reporting

period.

Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).

The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUT	IONS AND DISBURSEMENTS	
Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$ 5950 +\$ 1000/	\$ 6950.	\$ 6950.
Total amount of disbursements \$ 15949, +\$	\$ 15949.08	\$ 15949,08
Total amount of cash on hand	\$ 31,190,59	
I certify that I have examined this report and to the best of my	knowledge and belief it is tru	e, accurate, and complete.
Signature of Candidate	D <i>a</i> te /	
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory required reports in accordance with the appliamount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Co	cable statutes may result in the impe	oosition of a civil penalty in the

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.

2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.

3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

John L. Moore

Name of Car	ndidate	or Com	mittee
Name of Car	ariod	1/1/	112

through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name		
Shell oil co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7125 W. 26th 5th	_12016	\$ 5926, 34
City, State, Zip Code	//	\$
Sroux talls, SD Purpose of Disbursement (Optional) Fuel Expenses	Aggregate Year-to-date	\$ 5926.34
B. Full name Chevron Oil Co.	Date	Amount of each
Mailing Address	(Mo., Day, Year)	s 279/ 76
City, State, Zip Code	/ /	\$ 3786, 16
Purpose of Disbursement (Optional)		
- Fue L	Aggregate Year-to-date	\$ 3786. 76
C. Full name Regions Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 1595 W. Gov't St	_12016	\$ 1795
City, State, Zip Code Brandon MS 39042	//	\$
Purpose of Disbursement (Optional)	Aggregate	\$ 1705
\mathcal{A}_{I}	Year-to-date	1 ///) 1
D. Full name Bill dea Storage	Date	Amount of each
D. Full name Bull dag Storage Mailing Address		disbursement this period
D. Full name Bull dag Storage Mailing Address P.O. Box 306 City, State, Zip Code Brandon, Ms 39043	Date (Mo., Day, Year)	disbursement this period
D. Full name Bull dag Storage Mailing Address P.O. Boy 306 City, State, Zip Code Brandon, Ms 39043 Purpose of Disbursement (Optional) Storage Space for Signs	Date (Mo., Day, Year)	s 1/40
D. Full name Bull dag Storage Mailing Address P.O. Box 306 City, State, Zip Code Brandon, Ms 39043 Purpose of Disbursement (Optional) Storage Space for Signs E. Full name T.D. Harance Auto Finance	Date (Mo., Day, Year) /// Aggregate	\$ 1140
D. Full name Bull dag Storage Mailing Address P.O. Boy 306 City, State, Zip Code Brandon, Ms 39043 Purpose of Disbursement (Optional) Storage Space for Signs E. Full name The Harme Auto Finance Mailing Address P.O. Boy 16035	Date (Mo., Day, Year) /// Aggregate Year-to-date Date	\$ 1140 \$ 1140 \$ Amount of each
D. Full name Bull dag Storage Mailing Address P.O. Box 306 City, State, Zip Code Brandon, M. 39043 Purpose of Disbursement (Optional) Storage Space for Signs E. Full name T.D. Harane Auto Finance Mailing Address P.O. Box 16035 City, State, Zip Code Lewiston, ME. 04243	Date (Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year)	\$ 1140 \$ 1140 \$ Amount of each disbursement this period
Mailing Address P.O. Bay 306 City, State, Zip Code Brandon, Ms 39043 Purpose of Disbursement (Optional) Storage Space for Signs E. Full name Mailing Address P.O. Boy 16035 City, State, Zip Code Lewiston, ME. 04243 Purpose of Disbursement (Optional) Car Payments	Date (Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year)	s 1140 \$ 1140 \$ Amount of each disbursement this period \$ 2660
D. Full name Bull dag Storage Mailing Address P.O. Boy 306 City, State, Zip Code Brandon, Ms 39043 Purpose of Disbursement (Optional) Storage Space for Signs E. Full name The transact Auto Finance Mailing Address P.O. Boy 16035 City, State, Zip Code Lewiston, ME. 04243 Purpose of Disbursement (Optional) Car Payments F. Full name Logo Store 115 A	Date (Mo., Day, Year) // Aggregate Year-to-date Date (Mo., Day, Year) // Aggregate	s 1140 \$ 1140 \$ Amount of each disbursement this period \$ 2660 \$
D. Full name Bull dag Storage Mailing Address P.O. Boy 306 City, State, Zip Code Brandon, Ms 39043 Purpose of Disbursement (Optional) Storage Space for Signs E. Full name Mailing Address P.O. Boy 16035 City, State, Zip Code Lewiston ME. 04243 Purpose of Disbursement (Optional) Car Payments F. Full name Logo Store USA Mailing Address	Date (Mo., Day, Year) //_ Aggregate Year-to-date Date (Mo., Day, Year) //_ Aggregate Year-to-date Date Oute Date Date Date	s 1140 \$ 1140 \$ 1140 Amount of each disbursement this period \$ 2660 Amount of each
Mailing Address P.O. Boy 306 City, State, Zip Code Brandon, Ms 39043 Purpose of Disbursement (Optional) Storage Space for Signs E. Full name Mailing Address P.O. Boy 16035 City, State, Zip Code Lewiston, ME. 04243 Purpose of Disbursement (Optional) Car Payments F. Full name Logo Store USA Mailing Address Mailing Address	Date (Mo., Day, Year) //_ Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	s 1140 \$ 1140 \$ 1140 Amount of each disbursement this period \$ 2660 Amount of each disbursement this period
Mailing Address Parage Storage Mailing Address Purpose of Disbursement (Optional) Storage Space for Signs E. Full name Mailing Address Purpose of Disbursement (Optional) City, State, Zip Code Lewiston ME. 04243 Purpose of Disbursement (Optional) Car Payments F. Full name Logo Store USA Mailing Address	Date (Mo., Day, Year) //_ Aggregate Year-to-date Date (Mo., Day, Year) Aggregate Year-to-date Date (Mo., Day, Year)	s 1140 \$ 1140 \$ 1140 Amount of each disbursement this period \$ 2660 Amount of each disbursement this period \$ 440,98

Page	1	of	3
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Name of Candidate	e or	Çor	nmittee	John L. Mo	ore				
Reporting period	1/	11	14		_ through	12/	31/	16	
	/		ITE	EMIZ	ZED	RE	EC	E	PTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
	1/11/16	\$ 100
Ryan Hasper Mailing Address		
	21 176	\$ 1000
P.O. BUX 532	<u> </u>	+ 1/000
City, State, Zip Code		
Pelahatchie, MS 39145	<u> </u>	\$
Name of Employer (Required)	Name of the last o	
		\$
Brandon Discount Nrugs		
Occupation (Required)	Aggregate	\$ 1000.
Pharmacist	year-to-date	V 1/0000
B. Source: 🔀 Corporation 🦳 PAC 🦳 Individual 🦳 Loan 🦳	_	Amount of each
year and the same	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		una perioa
	81 1/6	\$ 1000,-
Rehabilitation Servies		1/000,
Mailing Address		
100-A Jadek DR. NE	<u> </u>	\$
City, State, Zip Code		\$
Magee, Ms 39111		Ψ
Name of Employer (Required)		
NIA	<u> </u>	\$
Occupation (Required),	Aggragata	
A//A	Aggregate	\$ 1000
	year-to-date	1.6
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date	Amount of each receipt
Other (please specify) Full name ATAT MS PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name ATAT MS PAC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name AT+T MS PAC Mailing Address III East CAPITAL ST, Ste 6030	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name ATAT MS PAC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.
Other (please specify) Full name ATAT MS PAC Mailing Address III East Capital St. Ste 6030 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name ATAT MS PAC Mailing Address Mil East Capital St. Ste 6030 City, State, Zip Code Sackson, Ms 39201	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.
Other (please specify) Full name ATAT MS PAC Mailing Address III East Capital St. Ste 6030 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250, 5
Other (please specify) Full name ATAT MS PAC Mailing Address Mil East Capital St. Ste 6030 City, State, Zip Code Sackson, Ms 39201	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.
Other (please specify) Full name ATAT MS PAC Mailing Address Mailing Address Mass Capital St. Ste 6030 City, State, Zip Code Sucksin, Ms 39201 Name of Employer (Required) Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.
Other (please specify) Full name ATAT MS PAC Mailing Address Mil East Capital St. Ste 6030 City, State, Zip Code Sackson, Ms 39201 Name of Employer (Required) NA Occupation (Required) NA	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250, 5
Other (please specify) Full name ATAT MS PAC Mailing Address Mailing Address Mass Capital St. Ste 6030 City, State, Zip Code Sucksin, Ms 39201 Name of Employer (Required) Name of Employer (Required) Occupation (Required)	Date (Mo., Day, Year) O Aggregate year-to-date	Amount of each receipt this period \$ 250. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name ATAT MS PAC Mailing Address Mil East Capital St. Ste 6030 City, State, Zip Code Sackson, Ms 39201 Name of Employer (Required) NA Occupation (Required) NA D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) O	Amount of each receipt this period \$ 250. \$ 4 4 50. Amount of each
Other (please specify) Full name ATAT MS PAC Mailing Address Mil East Capital St. Ste 6030 City, State, Zip Code Sackson, Ms 39201 Name of Employer (Required) NA Occupation (Required) NA	Date (Mo., Day, Year) O Aggregate year-to-date	Amount of each receipt this period \$ 250. \$ Amount of each receipt this period this pe
Other (please specify) Full name ATT MS PAC Mailing Address /// East Capital St, Ste 6030 City, State, Zip Code Duckson, Ms 3920/ Name of Employer (Required) NA Occupation (Required) NA D. Source: A Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$ 4 4 50. Amount of each
Other (please specify) Full name ATAT MS PAC Mailing Address Mi East Capital St. Ste 6030 City, State, Zip Code Sucksin, Ms 3920/ Name of Employer (Required) NA Occupation (Required) NA D. Source: A Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.
Other (please specify) Full name ATAT MS PAC Mailing Address III East CAPITAL ST, Ste 6030 City, State, Zip Code Sackson, Ms 3920/ Name of Employer (Required) NA Occupation (Required) NA D. Source: A Corporation PAC Individual Loan Other (please specify) Full name PHZER Pharmaceut ICals	Date (Mo., Day, Year) O	Amount of each receipt this period \$ 250. \$ Amount of each receipt this period this pe
Other (please specify) Full name ATAT MS PAC Mailing Address III East CAPITAL ST, Ste 6030 City, State, Zip Code Sackson, Ms 39201 Name of Employer (Required) NA Occupation (Required) Other (please specify) Full name PTIZER Pharmaceuticals Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$
Other (please specify) Full name ATAT MS PAC Mailing Address Mailing Address Mailing Address Mame of Employer (Required) NA Occupation (Required) NA D. Source: Corporation PAC Individual Loan Other (please specify) Full name PHZER Pharmaceuticals Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.
Other (please specify) Full name ATAT MS PAC Mailing Address III East CAPITAL ST, Ste 6030 Gity, State, Zip Code Sackson, Ms 39201 Name of Employer (Required) NA Occupation (Required) NA D. Source: Corporation PAC Individual Loan Other (please specify) Full name PHZER PHARMACEUTICALS Mailing Address 6730 Lenex Center CT Gity, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$
Other (please specify) Full name ATAT MS PAC Mailing Address III East CAPITAL ST, Ste 6030 Gity, State, Zip Code Sackson, Ms 39201 Name of Employer (Required) NA Occupation (Required) NA D. Source: Corporation PAC Individual Loan Other (please specify) Full name PHZER PHARMACEUTICALS Mailing Address 6730 Lenex Center CT Gity, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$
Other (please specify) Full name ATAT MS PAC Mailing Address III East CAPITAL ST, Ste 6030 Gity, State, Zip Code Suckson, Ms 39201 Name of Employer (Required) NA Occupation (Required) Other (please specify) Full name PTIZER Pharmaceuticals Mailing Address (2730 Lenex Center CT City, State, Zip Code Nemphis; TW 38115	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name ATAT MS PAC Mailing Address III East CAPITAL ST, Ste 6030 Gity, State, Zip Code Sackson, Ms 39201 Name of Employer (Required) NA Occupation (Required) NA D. Source: Corporation PAC Individual Loan Other (please specify) Full name PHZER PHARMACEUTICALS Mailing Address 6730 Lenex Center CT Gity, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$
Other (please specify) Full name ATAT MS PAC Mailing Address /// East Capital St. Ste 6030 City, State, Zip Code Sucksin, Ms 3920/ Name of Employer (Required) NA Occupation (Required) Other (please specify) Full name Prizer Planmaceuticals Mailing Address (2730 Lenex Center CT City, State, Zip Code Memphis; TN 38115 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$
Other (please specify) Full name ATAT MS PAC Mailing Address III East CAPITAL ST, Ste 6030 Gity, State, Zip Code Suckson, Ms 39201 Name of Employer (Required) NA Occupation (Required) Other (please specify) Full name PTIZER Pharmaceuticals Mailing Address (2730 Lenex Center CT City, State, Zip Code Nemphis; TW 38115	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250. \$ \$ Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$

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	W/ UI	

Name of Candidate	e or C	;om	mittee	John L. M	oore			<i>f</i>	
Reporting period_		//	14		- through	12/	31/	16	-
	1		ITE	EMI	ZED	RE	EC	EIP	TS

A. Source: Corporation PAC Individual Loan		Amount of each
A Source of the Manual Court	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	81 176	· Vinital Colonial Co
Anneuser Busch	0 16	\$ 1000
Mailing Address		
P.O. BY 217	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
City, State, Zip Code		
Jackson, Ms 39205	<u> </u>	\$
Name of Employer (Required)		
NA		\$
Occupation (Required)	Aggregate	6
NA	year–to-date	\$ 1000
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	170 F 171	
Monsanto	121 176	\$ 250
Mailing Address		
		\$
800 North LING bergh		
City, State, Zip Code		\$
St Louis, Mo. 63167	Anti- Line Land	
Name of Employer (Required)		\$
NA	<u> </u>	Ψ J
Occupation (Required)	Aggregate	\$ 250-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Moor to date	1-5/
	year-to-date	,
C. Source Corporation PAC Individual Loan		Amount of each
	Date	
C. Source Corporation PAC Individual Loan Other (please specify)		Amount of each
Other (please specify)	Date	Amount of each receipt this period
Other (please specify) Full name FRIENDS OF MSMS	Date	Amount of each receipt
Other (please specify) Full name FRIENDS OF MSMS Mailing Address	Date	Amount of each receipt this period
Other (please specify) Full name FRIENDS OF MSMS	Date	Amount of each receipt this period
Other (please specify) Full name FRIENDS OF MSMS Mailing Address	Date	Amount of each receipt this period \$ 500,
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34 th Ave City, State, Zip Code	Date	Amount of each receipt this period
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fatties bu Rg 1 MS 39042	Date	Amount of each receipt this period \$ 500,0
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Hattles bu Rg Ms 39042 Name of Employer (Required) / N/A	Date	Amount of each receipt this period \$ 500,
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fatties bu Rg 1 MS 39042	Date	Amount of each receipt this period \$ 500,0
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fatties bu Rg MS 39042 Name of Employer (Required) / N/A Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500,0
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Hattles bu Rg Ms 39042 Name of Employer (Required) / N/A	Date (Mo., Day, Year) 2	Amount of each receipt this period \$ 500,0
Other (please specify) Full name FRIENDS of MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fattles bu Rg MS 39042 Name of Employer (Required) / MA Occupation (Required) D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
Other (please specify) Full name FRIENDS of MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Hattles bu Rg MS 39042 Name of Employer (Required) // Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 2	Amount of each receipt this period \$ 500
Other (please specify) Full name FRIENDS of MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fathes bu Rg MS 39042 Name of Employer (Required) // Occupation (Required) // D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 St 34th Ave City, State, Zip Code Hattles bu Rg Ms 39042 Name of Employer (Required) / Ave Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Bendury Corp.	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
Other (please specify) Full name FRIENDS of MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Hattles bu Rg MS 39042 Name of Employer (Required) / N/H Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Denbury Lorp. Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
Other (please specify) Full name Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fatties bu Rg MS 39042 Name of Employer (Required) / NA Occupation (Required) Other (please specify) Full name Denbury Corp. Mailing Address S320 Legacy DR.	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fathes bu Rg, MS 39042 Name of Employer (Required) NAT Occupation (Required) Other (please specify) Full name Pac Individual Loan Other (please specify) Full name Senbury Corp. Mailing Address 5320 Legacy DR. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500,000 \$ 500,000 \$ 500,000 \$ 500,000 \$ 500,000 \$ 500,000 \$ 500,000 \$ 500,000
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Fathes bu Rg, MS 39042 Name of Employer (Required) NAT Occupation (Required) Other (please specify) Full name Wen bury Lopp Mailing Address 5320 Legacy DR. City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
Other (please specify) Full name FRIENDS DE MISMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Hattles bu Rg MS 39042 Name of Employer (Required) / D. Source: Corporation PAC Individual Loan Other (please specify) Full name Menbury Corporation PAC Mailing Address S320 Legacy DR. City, State, Zip Code Plano TX 75024 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500
Other (please specify) Full name FRIENDS OF MSMS Mailing Address 1202 S, 34th Ave Gity, State, Zip Code Hattles bu Rg, Ms 39042 Name of Employer (Required) / NA Occupation (Required) Other (please specify) Full name Denbury Corp. Mailing Address 5320 Legacy DR. City, State, Zip Code Plano, Tx 75024 Name of Employer (Required) N/A	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500, 5 \$ \$ 500, 5 Amount of each receipt this period \$ 500, 5 \$ 500, 5
Other (please specify) Full name FRIENDS DE MISMS Mailing Address 1202 S. 34th Ave City, State, Zip Code Hattles bu Rg MS 39042 Name of Employer (Required) / D. Source: Corporation PAC Individual Loan Other (please specify) Full name Menbury Corporation PAC Mailing Address S320 Legacy DR. City, State, Zip Code Plano TX 75024 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500

Name of Candidat	e or C	om	mittee	John L. Mo	ore			
Reporting period_	1/	1/	116		through	12/3	1/16	
	/	/	ITE	EMIZ	ZED	RÉ(ČEIP	TS

A. Source: 😿 Corporation 🦳 PAC 🦳 Individual 🦳 Loan 🦳		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(WO., Day, Year)	this period
Full name	1211/16	\$ 500
Mailing Address		¥ 1,2002
		\$
One Comeast Center 1701 JFK BIVD	<u> </u>	Y 1
City, State, Zip Code		\$
Philadelphia, PA 19103		4
Name of Employer (Required)		\$
NIA		9
Occupation (Required)	Aggregate	\$ 500
NA	year-to-date	\$ 500.
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (places are alf.)	(Mo., Day, Year)	receipt
Other (please specify)	(iiioi, buy, rour,	this period
Full name	1721 116	\$ 250
Mortalk Southern Corp		\$ 250
Mailing Address		\$
Three Commercial Place	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9
City, State, Zip Code		
NOR-FOIK, VA 23510	<u> </u>	\$
Name of Employer (Required)	T-	
NA	<u> </u>	\$
Occupation (Required)	Aggregate	
11/4		\$ 250-
1	year-to-date	. 200,
C. Source Corporation PAC Individual Loan	year-to-date	1 - 0
The state of the s	Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)		1 - 0
	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Baker Donelson M5 PAC	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Baker Donelson M5 PAC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Baker Donelson M5 PAC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\int \int \int \int \int \int \int \int
Other (please specify) Full name Baker Donelson M5 PAC Mailing Address 4268 1-55N Meadowb Ook Office Park City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Baker Donelson Ms PAC Mailing Address 4268 1-55N Meadowb cook Office Park City, State, Zip Code Tackson, Ms 3921(Date (Mo., Day, Year)	Amount of each receipt this period \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify) Full name Baker Done Son M5 PAC Mailing Address H268 1-55N Meadowbrook Office Park City, State, Zip Code Jackson, M5 3921(Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\int \int \int \int \int \int \int \int
Other (please specify) Full name Baker Done Son MS PAC Mailing Address 4268 1-55N Meadowbrook Office Park City, State, Zip Code Jackson, MS 3921(Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ ZUZ \$ \$
Other (please specify) Full name Baker Done Son M5 PAC Mailing Address H268 1-55N Meadowbrook Office Park City, State, Zip Code Tackson, M5 3921(Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Other (please specify) Full name Baker Done Son Ms PAC Mailing Address 4268 1-55N Meadowb cook Office Park City, State, Zip Code Jackson, Ms 3921(Name of Employer (Required) NA Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ ZOO_ \$ \$
Other (please specify) Full name Baker Done Son MS PAC Mailing Address 4268 1-55N Meadowbrook Office Park City, State, Zip Code Jackson, MS 3921(Name of Employer (Required) NA Occupation (Required) NA D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period \$ \times
Other (please specify) Full name Baker Done Son MS PAC Mailing Address 4269 1-55N Meadowb Cook Office Park City, State, Zip Code Tackson, MS 3921(Name of Employer (Required) NA Occupation (Required) NA Occupation (Required) Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ \qua
Other (please specify) Full name Baker Done Son MS PAC Mailing Address 4268 1-55N Meadowbrook Office Park City, State, Zip Code Jackson, MS 3921(Name of Employer (Required) NA Occupation (Required) NA D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period \$ \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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